MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 4

This cover page must be completed by the report prepare	er.
Joint reports require only one cover page.	

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Choose one:

This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

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OR

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(Per Part II.E of GP-0-10-002)

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OR

O This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

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MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 4

Provide SPDES ID of each permitted MS4 included in this report.

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MCC form for period ending March 9, 2 0 1 4

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Each MS4 must submit an MCC form.									
Section 1 - MCC Identification Page									
Indicate whether this MCC form is being submitted to certify endorsement	nt or ac	cep	tance	of:					
● An Annual Report for a single MS4									
○ A Single Entity (Per Part II.E of GP-0-10-002)									
O A Joint Report									
Joint reports may be submitted by permittees with legally b	inding	ag	reem	ents	S.				
If Joint Report, enter coalition name:	,								
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MCC form for period ending March 9, 2 0 1 4

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Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

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MCC form for period ending March 9, 2 0 1 4

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Section 2 - Contact Information

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- Duly Authorized Representative
- O Local Stormwater Public Contact
- Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

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MCC form for period ending March 9, 2 0 1 4

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- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name John	MI Last Name R S z a r o w s k i
Title	
Senior Engineer	
Address	
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City	State Zip
New Windsor	N Y 1 2 5 5 3 -
eMail	
Phone	County
(8 4 5) 5 6 7 - 3 1 0 0	Orange

MCC form for period ending March 9, 2 0 1 4

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MCC form for period ending March 9, 2 0 1 4

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Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name	MI	Last Nan	ne									
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Supervisor												
Signature	_				-			_				
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Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

This report is being submitted for the reporting period ending March 9, 2 0 1 4

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This report is being submitted for the reporting period ending March 9, 2 0 1 4

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Name of MS4/Coalition Town of Cornwall	N Y R 2 0 A 2 4 2
Minimum Control Measure 1. Public Ed	ducation and Outreach
The information in this section is being reported (check one):	-
On behalf of an individual MS4	
On behalf of a coalition How many MS4s contributed to this report?	
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1. Targeted Public Education and Outreach Best Managem	ent Practices
Check all topics that were included in Education and Outreach of	huing this reporting and 1
managed in Education and Oddicacin	during this reporting period:
Construction Sites	
General Stormwater Management Information	O Pesticide and Fertilizer Application
	Pet Waste Management
Household Hazardous Waste Disposal	○ Recycling
O Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	○ Trash Management
O Smart Growth	O Vehicle Washing
Storm Drain Marking	Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:	○ None
Other	
2. Specific audiences targeted during this reporting period:	
● Public Employees ■ Contractors	
Residential O Developers	
○ Businesses	
○ Restaurants ○ Industries	
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This report is being submitted for the reporting period ending March 9, 2 0 1 4

Name of MS4/Coalition Town of Cornwall	SPDES ID NYR20A242
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward achie identified in your Stormwater Management Program Plan (SWMPP), in III.C.1. Submit additional pages as needed.	ving measurable goals ncluding requirements in Part
A. Briefly summarize the Measurable Goal identified in the SWM	PP in this reporting period.
 Track number of brochures and flyers Provide construction site training via building inspectors office Sponsor highway cleanup days - Highway Department cleanup efforms River Sweep 	rt
B. Briefly summarize the observations that indicated the overall ef Goal.	fectiveness of this Measurable
 Brochures and flyers distributed Reduced number of construction site related issues Track weight of debris from River Sweep and highway cleanup 	
C. How many times was this observation measured or evaluated in	1
D. Has your MS4 made progress toward this Measurable Goal duri	(ex.: samples/participants/events) ing this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SW	/MPP? ● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule).	goals of this MCM during
1) Continue environmental programs through Hudson Highlands museu 2) Town to track amount of waste from river sweep and highway progra 3) Town advertises household hazardous waste cleanup days.	am and Black Rock Forest ams.

This report is being submitted for the reporting period ending March 9, 2 0 1 4

		SPDES ID				
Name of MS4/Coalition Town of Comwall		N Y R 2	2 0	A 2	2 4	2
Minimum Control Measure 2.	Public Involvemer	ıt/Particip	atio	n		
The information in this section is being reported (check				_		
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this are						
How many MS4s contributed to this re	port?					
1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period?	f the Stormwater Ma	nagement P	ı, rogr	am		
• Cleanup Events		# Events		\top	T	1
O Comments on SWMP Received		#Comments	\Box	\mp		
O Community Hotlines	Phone # ()	 		<u> </u>	
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O Community Meetings		# Attendees				
O Plantings		Sq. Ft.				
Storm Drain Markings		# Drains			5	0
O Stakeholder Meetings		# Attendees				
Volunteer Monitoring		# Events				1
● Other: R i v e r S w e e p						
2. Was public notice of availability of this annua Program (SWMP) Plan provided?	ll report and Stormw	ater Manag	eme:		0]	No
○ List-Serve		# In List				
O Newspaper Advertising		# Days Run	$\overline{}$			
O TV/Radio Notices		# Days Run	Ť	Ī	Ť	
● Other: TownBoardAge	n d a				T	Ę
Web Page URL: Enter URL(s) on the following tw	o pages.					

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This report is being submitted for the reporting period ending March 9, 2 0 1 4

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

ame of MS4/Coalition Town of Comwall	N Y R 2 0 A 2 4 2
8. Where can the public access copies of this annual report, S Program SWMP) Plan and submit comments on those doc	tormwater Management uments?
Enter address/contact info and select radio button to indicate w	which document is available and
whether comments may be submitted at that location. Submit MS4/Coalition Office	
Department	eport • SWMP Plan • Comments
Town Clerk Address	
183 Main Street	
City	Zip
C O r n w a 1 1	1 2 5 1 8 -
(845) 534 - 9100	
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Please provide specific address of page where report can be a	ccessed - not home page.
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This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$

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Name of MS4/Coalition Town of Cornwall	N	YR	2 0	A 2	4 2	2
4.a. If this report was made available on the internet, what date	was it po	sted?				
Leave blank if this report was not posted on the internet.	6	/	1/	2 0	1 3	3
4.b. For how many days was/will this report be posted?				3	6 5	,
If submitting a report for single MS4, answer 5.a If submitting	a joint re	eport,	answer	5.b		
5.a. Was an Annual Report public meeting held in this reporting If Yes, what was the date of the meeting?				Yes	● N	0
If No, is one planned?				Yes	• N	0
5.b. Was an Annual Report public meeting held for all MS4s con	tributing	g to th	is repo	ort du	ıring	
this reporting period?				Yes	• N	
If No, is one planned for each?			0	Yes	• No)
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.			0	Yes	• No)

This report is being submitted for the reporting period ending March 9, 2 0 1 4

			SPDES ID
Name of MS4/Coalition	Town of Comwall		N Y R 2 0 A 2 4 2
7. Evaluating Pro	ogress Toward Measurable Goals	MCM 2	
	gress roward Measurable Goals	ivicivi 2	
Use this page to rep	oort on your progress and project pl	lans toward achiev	ving measurable goals
identified in your S	tormwater Management Program F	lan (SWMPP), in	cluding requirements in Part
III.C.1. Submit add	itional pages as needed.		
A. Briefly summa	rize the Measurable Goal identifi	ied in the SWMD	D in this noncretica and I
		- The Syvivii	in this reporting period.
Posting annual repo	ort on Town website.		
B. Briefly summan	rize the observations that indicate	ed the overall eff	ectiveness of this Measurable
Goal. ———————			
Posted annual repor	rt on Town website.		
•			
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C. How many time	es was this observation measured	or evaluated in A	h:
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Has vour MSA r	nado nyognose torrend this	. 11	(ex.: samples/participants/ever
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Is your MC4 on	gohodule 4s av. et 4l I III		● Yes ○ No
. 18 your 14154 on	schedule to meet the deadline set	forth in the SW	
Rriafly summar	izo the stormandon a district		• Yes O No
the next reportion	ize the stormwater activities plan ng cycle (including an implement	ined to meet the g	goals of this MCM during
		ation schedule).	
) Post annual repor	t on website		1
2) Post contact infor	rmation for comments and complai	nts	
, Keview report of	Town board meetings		

	SPDES ID
Name of MS4/Coalition Town of Cornwall	N Y R 2 0 A 2 4 2
Minimum Control Measure 3	3. Illicit Discharge Detection and Elimination
The information in this section is being report	red (check one):
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed 	to this report?
1. Enter the number and approx. perce	ent of outfalls mapped: 2 4 3 # 1 0 0 %
2. How many of these outfalls have been reporting period (outfall reconnaissa	n screened for dry weather discharges during this ence inventory)?
3.a. What types of generating sites/sewers reporting period?	sheds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	○ Marinas
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
O Construction Vehicle Washouts	○ Printing
Cross-Connections	O Residential Carwashing
O Distribution Centers	○ Restaurants
○ Food Processing Facilities	O Schools and Universities
O Garbage Truck Washouts	Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
• Other:	○ None
0 u t f a l l s r e s	idential
○ Sewersheds:	

Name of MS4/Coalition Town of Comwall	SPDES ID N Y R 2 0 A 2 4 2								
3.b. What types of illicit discharges have	e been found during this reporting period?								
O Broken Lines From Sanitary Sewer	O Industrial Connections								
○ Cross Connections	○ Inflow/Infiltration								
○ Failing Septic Systems	O Pump Station Failure								
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows								
O Illegal Dumping	O Straight Pipe Sewer Discharges								
Other:	● None								
4. How many illicit discharges/potential illegal connections have been detected during this									
reporting period?	0								
5. How many illicit discharges have been	en confirmed during this reporting period?								
and all the second seco	en confirmed during this reporting period?								
6. How many illicit discharges/illegal coperiod?	onnections have been eliminated during this reporting								
7. Has the storm sewershed mapping be If No, approximately what percent was	een completed in this reporting period? • Yes • No completed in this reporting period?								
8. Is the above information available in Is this information available on the w If Yes, provide URL(s):									
Please provide specific address of page v	where map(s) can be accessed - not home page.								
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This report is being submitted for the reporting period ending March 9, 2 0 1 4

Name of MS4/Coalition	Town of Cornwall	N Y R 2 0 A 2	4 2
12. Evaluating Prog	gress Toward Measurable Goals MCM	13	
Use this page to repoidentified in your Sto	ort on your progress and project plans to ormwater Management Program Plan (S tional pages as needed.	ward achieving measurable goals	ut
A. Briefly summar	ize the Measurable Goal identified in	the SWMPP in this reporting period	ł.
Stormshed mapping	updated and reviewed.		
B. Briefly summari Goal.	ze the observations that indicated the	overall effectiveness of this Measur	able
Stormshed mapping	updated and reviewed. GIS mapping che	ecked periodically for updates.	
C. How many times	was this observation measured or eva	duated in this reporting period?	
		(ex.: samples/partic	1 ipants/events
D. Has your MS4 m	ade progress toward this measurable		3.7
E. Is your MS4 on s	chedule to meet the deadline set forth		No
F. Briefly summarize the next reporting	ze the stormwater activities planned to g cycle (including an implementation s	meet the goals of this MCM during	No g
Continue IDDE re Adopt written proc	view to complete 20% per year cedures for IDDE review eld personnel in IDDE		

This report is being submitted for the reporting period ending March 9, 2 0 1 4

		SP	SPDES ID									
Na	me of MS4/Coalition Town of Comwall	N	YR	2	0 .	A 2	4	2				
	Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control											
Th	ne information in this section is being reported (check one):											
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?											
1a	1a. Has each MS4 contributing to this report adopted a law, ordinance or other regulatory mechanism that provides equivalent protection to the NYS SPDES General Permit for Stormwater Discharges from Construction Activities?											
1b. Has each Town, City and/or Village contributing to this report documented that the law is equivalent to a NYSDEC Sample Local Law for Stormwater Management and Erosion and Sediment Control through either an attorney certification or using the NYSDEC Gap								d				
	Analysis Workbook? If Yes, Towns, Cities and Villages provide date of equivalent NYS	Sample		La	○] .w. 3/20		01					
2.	Does your MS4/Coalition have a SWPPP review procedure in p	lace?			• y	⁄es	01	No				
3.	How many Construction Stormwater Pollution Prevention Plans reviewed in this reporting period?	s (SW	PPPs)	hav	e b	een		1				
4.	Does your MS4/Coalition have a mechanism for receipt and conscomments related to construction SWPPPs?	sidera	tion of • Ye		blic		0 N	- T				
	If Yes, how many public comments were received during this report	ing per	riod?					0				
5.	Does your MS4/Coalition provide education and training for cor SWPPP process?	ıtracto	ors abo	ut		local es		Vο				

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

O Notices of Violation	#	0	O No Authority
Stop Work Orders	#	1	O No Authority
O Criminal Actions	#	0	O No Authority
O Termination of Contracts	#	0	O No Authority
O Administrative Fines	#	0	O No Authority
O Civil Penalties	#	0	O No Authority
O Administrative Orders	#	0	O No Authority
O Enforcement Actions or Sanctions	#	0	
Other	#	0	O No Authority

		SPDES ID			
Na	me of MS4/Coalition Town of Cornwall	N Y R 2	2 0 A	2 4	2
	Minimum Control Measure 4. Construction Site S	Stormwater Run	ıoff Co	<u>ntro</u>	<u>ol</u>
Th	e information in this section is being reported (check one):				
	On behalf of an individual MS4 On behalf of a coalition				
	How many MS4s contributed to this report?				
1.	How many construction projects have been authorized for d	listurbances of one	acre o <u>r</u>	mor	re
	during this reporting period?		L	_	3
2.	How many construction projects disturbing at least one acr	e were active in yo	ur juris	dicti	ion
	during this reporting period?				3
3.	What percent of active construction sites were inspected du	ring this reporting	period?	•	NT
			1 (0]%
4.	What percent of active construction sites were inspected mo	ore than once?		•	NT
			1 (0]%
5.	Do all inspectors working on behalf of the MS4s contributing	ng to this report us	e the NY	'S	
	Construction Stormwater Inspection Manual?	• Yes	○ No		NT
6.	Does your MS4/Coalition provide public access to Stormwat (SWPPPs) of construction projects that are subject to MS4 in	ter Pollution Preve review and approv	ntion Pl al?	ans	
		Yes	\bigcirc No		NT
	If your MS4 is Non-Traditional, are SWPPPs of construction public review?	n projects made av	vailable i		No
	If Yes, use the following page to identify location(s) where SWI	PPPs can be accesse	ed.		

	SPDES ID
Name of MS4/Coalition Town of Comwall	N Y R 2 0 A 2 4 2
6. con't.:	
Submit additional pages as needed.	
MS4/Coalition Office	
Department	
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	
183 Main St	
City	Zip
Cornwall Ny	1 2 5 1 8 -
Phone	
(8 4 5) 5 3 4 - 9 4 2 9	
○ Library	
Address	
City	Zip
Phone	
(
Other	
Address	
City	ip
Phone	
O Web Page URL(s): Please provide specific address where SWPPPs can be	
URL	e accessed - not nome page.
URL	<u> </u>

This report is being submitted for the reporting period ending March 9, 2 0 1 4

			SPDES ID	
Name of MS4/Coalition	Town of Cornwall		N Y R 2	0 A 2 4 2
7. Evaluating Pro	ogress Toward Measurable (Goals MCM 4		
identified in your St	port on your progress and project tormwater Management Progressitional pages as needed.	ect plans toward ram Plan (SWM	achieving measurable PP), including requiren	goals nents in Part
A. Briefly summar	rize the Measurable Goal id	entified in the S	WMPP in this report	ing period.
Minimal construction	on activity in Town. No new	projects approve	ed.	
-				
B. Briefly summar Goal.	rize the observations that inc	dicated the over	all effectiveness of thi	is Measurable
One active construc	etion sites in Town.			
C. How many times	es was this observation meas	ured or evaluat	ed in this reporting p	eriod?
D. Has your MS4 m	nade progress toward this m	ieasurahle ooal	during this reporting	mples/participants/ev
•	progress to war a time in	reasurable goar		Yes O No
E. Is your MS4 on s	schedule to meet the deadlin	ne set forth in th	ie SWMPP?	
3. Briefly summari	ize the stormwater activities	planned to med	et the goals of this MC	Yes O No CM during
	ng cycle (including an imple	mentation sched	dule). ————————	
100% review of all S	SWPPPs by Town engineer.			

This report is being submitted for the reporting period ending March 9, 2 0 1 4

		<u> </u>		SPDES I	D
Name of MS4/Coalitie	Town of Cornwall			NY	R 2 0 A 2 4 2
<u>Minimum</u>	Control Me	easure 5. Pos	t-Constructi	on Stormwater	Management
The information in t	this section is be	ing reported (che	eck one):		
On behalf of an irOn behalf of a coHow r		atributed to this	report?		
1. How many and MS4/Coalition	what type of point inventoried, ins	ost-construction pected and mai	stormwater manual stained in this i	anagement practice reporting period?	es has your
		# Inventoried	# Inspections	# Times Maintained	
○ Alternative Practi	ces				
○ Filter Systems					
○ Infiltration Basins					
Open Channels					
Ponds		1			
○ Wetlands					
Other					
 Do you use an BMPs, inspect What types of Development/I 	ions and maint non-structural	tanance? I practices have	e been used to	implement Low I	○ Yes • No
Building Codes	Municipal C	Comprehensive P	lans		
Overlay Districts	Open Space	Preservation Pro	ogram		
Zoning	O Local Law o	or Ordinance			
None	O Land Use R	egulation/Zoning	<u>;</u>		
Watershed Plans Other:	Other Comp	rehensive Plan			

				_	SPI	DES L	D				
Naı	me of MS4/Coalition	Town of Cornwall			N	Y	2	0	A 2	2 4	2
4a	. Are the MS4s co	ntributing to this report	involved in a regional	l/watershe	ed v	vide p	olanr	ning	g effor	rt?	
									Yes	C	No
4b	. Does the MS4 ha	ve a banking and credit s	system for stormwate	r manage	me	nt pra	actic	es?			
								0	Yes		No
4c.	Do the SWMP Pland approval of l	ans for each MS4 contril panking and credit of alt	buting to this report i ernative siting of a sto	include a _l ormwater	proi ma	tocol nage	for e men	eval t pr	uatio actic	n e?	
								0	Yes		No
4d.	. How many storm reporting period	water management prac	ctices have been imple	mented a	s pa	rt of	this	sys	tem i	n th	is
	- Posting postion							L		0	
5.	What percent of	municipal officials/MS4	staff responsible for p	rogram i	mpl	emer	ıtatio	on a	ittend	led	
	training on Low Impace Development (LID), Better Site Design (BSD) and other Gree Infrastructure principles in this reporting period?				en [T	1 0/			
	•	1	,					L	2	5	%

This report is being submitted for the reporting period ending March 9, 2 0 1 4

	SPDES ID
Name of MS4/Coalition Town of Cornwall	N Y R 2 0 A 2 4 2
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans towal identified in your Stormwater Management Program Plan (SWIII.C.1. Submit additional pages as needed.	rd achieving measurable goals MPP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the	e SWMPP in this reporting period.
Mapping of storm sheds and stormwater practices complete. M by GIS staff.	Iaps periodically checked and updated
B. Briefly summarize the observations that indicated the over Goal.	verall effectiveness of this Measurable
No new stormwater practices added.	
C. How many times was this observation measured or evalu	ated in this reporting period?
	1
	(ex.: samples/participants/events)
D. Has your MS4 made progress toward this measurable go	
	● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in	the SWMPP?
	• Yes O No
F. Briefly summarize the stormwater activities planned to n the next reporting cycle (including an implementation sci	neet the goals of this MCM during
 Provide periodic review of stormwater practices. Require dedication of stormwater practices. Enforce map notes on site plans with submission of certification. 	tion to town codes department.

This report is being submitted for the reporting period ending March 9, 2 0 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

1		SPL)E <u>S</u>	ΙD						
Name of MS4/Coalition	Town of Cornwall	N	Y	R	2	0	A	2	4	2

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition 	
How many MS4s contributed to this report?	

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

Self-Assessment Operation/Activity/Facility performed within the past 3 Operation/Activity/Facility Addressed in SWMP? years? Street Maintenance....

Yes ○ No ○ Yes No Bridge Maintenance.... O Yes ● No ○ Yes Winter Road Maintenance..... • Yes ○ No ○ Yes No Salt Storage..... • Yes ○ No ○ Yes No Solid Waste Management..... • Yes ○ No ○ Yes No New Municipal Construction and Land Disturbance.. • Yes ● No ○ Yes No Right of Way Maintenance..... O Yes ● No ○ Yes No Marine Operations.... O Yes • No • Yes No Hydrologic Habitat Modification..... O Yes ● No ○ Yes No Parks and Open Space..... O Yes ● No ○ Yes No Municipal Building.... • Yes ○ No ○ Yes No Stormwater System Maintenance..... • Yes ○ No ○ Yes No Vehicle and Fleet Maintenance..... • Yes O No O Yes No Other..... O Yes ● No ○ Yes

No

	SPI	DES II)				
Name of MS4/Coalition Town of Cornwall	N	YR	2	0	A 2	4	2
2. Provide the following information about municipal operations	good h	ousek	кеер	ing	prog	gran	ns:
Parking Lots Swept (Number of acres X Number of times swept)		# Ac	res				4
• Streets Swept (Number of miles X Number of times swept)		# Mi	les			8	8
Catch Basins Inspected and Cleaned Where Necessary			#		2	5	0
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 			#				0
Phosphorus Applied In Chemical Fertilizer		# Lt	os.			<u> </u>	0
● Nitrogen Applied In Chemical Fertilizer		# Lt	os.	_+	+	<u> </u>	0
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Numb times applied to the nearest tenth.) 	er of	Acres	ş [0.	
3. How many stormwater management trainings have been providuring this reporting period?	ded to n	nunic	eipal [em	ploy	ees	0
4. What was the date of the last training?		/		/[
5. How many municipal employees have been trained in this repo	rting pe	riod?	•				0
6. What percent of municipal employees in relevant positions and stormwater management training?	departi	ments	s rec	eiv		0 9	%

This report is being submitted for the reporting period ending March 9, $2 \mid 0 \mid 1 \mid 4$

Name of MS4/Coalition Town of Cornwall	SPDES ID N Y R 2 0 A 2 4 2
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward achi identified in your Stormwater Management Program Plan (SWMPP), III.C.1. Submit additional pages as needed.	eving measurable goals including requirements in Part
A. Briefly summarize the Measurable Goal identified in the SWM	IPP in this reporting period.
 Provide housekeeping training Document housekeeping practices Document salt storage cleanup and management implemented clear Updated petroleum inventory practices Catch Basin cleaning w/ documentation 	nup after storms.
B. Briefly summarize the observations that indicated the overall e Goal.	ffectiveness of this Measurable
 Trained additional personnel in municipal housekeeping Adopted new record keeping practices Adopted new petroleum record keeping Catch basin cleaning and documentation 	
C. How many times was this observation measured or evaluated in	this reporting period?
	1
D. Has your MS4 made progress toward this measurable goal during	(ex.: samples/participants/events ing this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SV	
F. Briefly summarize the stormwater activities planned to meet the the next reporting cycle (including an implementation schedule)	● Yes ○ No e goals of this MCM during).
Continue to train field personnel Document all housekeeping practices Perform self assessment of municipal facilities	

Traditional Land Use
Traditional Non-Land Use

MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 4

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

-			SPDE2 ID
Name of MS4/Coalition Town of	Cornwall		N Y R 2 0 A 2 4
Additional Wate	ershed Improveme	nt Strategy Best Ma	anagement Practices
The information in this section	n is being reported (chec	k one):	
On behalf of an individual On behalf of a coalition How many MS MS4s must answer the qu	54s contributed to this re	•	e below.
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed	-	CHECKTON	(FOC)
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Traditional Non-Land Use	1,2,3,4,7a-d,8a,8b,9	5,10,11,12	Phosphorus
Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed	-	-	- Incapitorus
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	<u>-</u>		-
Traditional Land Use	1,4,6,7a-d,8a,9		
		2,3,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus Phosphorus
Non-Traditional			
Non-Traditional Oyster Bay	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12	Phosphorus Phosphorus
Non-Traditional Oyster Bay Traditional Land Use	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 - 1,4,7a-d,9,10,11,12	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12 2,3,5,6,8a,8b	Phosphorus Phosphorus - Pathogens
Non-Traditional Oyster Bay Traditional Land Use Traditional Non-Land Use	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 - 1,4,7a-d,9,10,11,12 1,4,7a-d,9,10,11,12	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12 2,3,5,6,8a,8b 2,3,5,6,8a,8b	Phosphorus Phosphorus Pathogens Pathogens
Non-Traditional Oyster Bay Traditional Land Use Traditional Non-Land Use Non-Traditional	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 - 1,4,7a-d,9,10,11,12	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12 2,3,5,6,8a,8b	Phosphorus Phosphorus - Pathogens
Non-Traditional Oyster Bay Traditional Land Use Traditional Non-Land Use Non-Traditional Peconic Estuary	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12 2,3,5,6,8a,8b 2,3,5,6,8a,8b 2,3,4,5,8a,8b,10,11,12	Phosphorus Phosphorus Pathogens Pathogens Pathogens
Non-Traditional Oyster Bay Traditional Land Use Traditional Non-Land Use Non-Traditional Peconic Estuary Traditional Land Use	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 	2,3,5,8b,10,11,12 2,3,5,6,8a,8b 2,3,5,6,8a,8b 2,3,4,5,8a,8b,10,11,12 2,3,5,6,8b	Phosphorus Phosphorus Pathogens Pathogens Pathogens Pathogens Pathogens Pathogens
Non-Traditional Oyster Bay Traditional Land Use Traditional Non-Land Use Non-Traditional Peconic Estuary Traditional Land Use Traditional Non-Land Use	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12 2,3,5,6,8a,8b 2,3,5,6,8a,8b 2,3,4,5,8a,8b,10,11,12 2,3,5,6,8b 2,3,5,6,8b	Phosphorus Phosphorus Pathogens Pathogens Pathogens Pathogens Pathogens and Nitrogen Pathogens and Nitrogen
Non-Traditional Oyster Bay Traditional Land Use Traditional Non-Land Use Non-Traditional Peconic Estuary Traditional Land Use Traditional Non-Land Use Non-Traditional	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 	2,3,5,8b,10,11,12 2,3,5,6,8a,8b 2,3,5,6,8a,8b 2,3,4,5,8a,8b,10,11,12 2,3,5,6,8b	Phosphorus Phosphorus Pathogens Pathogens Pathogens Pathogens Pathogens Pathogens
Non-Traditional Oyster Bay Traditional Land Use Traditional Non-Land Use Non-Traditional Peconic Estuary Traditional Land Use Traditional Non-Land Use	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,7a-d,9,10,11,12 1,4,7a-d,9 1,4,7a-d,9 1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12 2,3,5,6,8a,8b 2,3,5,6,8a,8b 2,3,4,5,8a,8b,10,11,12 2,3,5,6,8b 2,3,5,6,8b 2,3,4,5,8b,10,11,12	Phosphorus Phosphorus Pathogens Pathogens Pathogens Pathogens and Nitrogen Pathogens and Nitrogen Pathogens and Nitrogen
Non-Traditional Oyster Bay Traditional Land Use Traditional Non-Land Use Non-Traditional Peconic Estuary Traditional Land Use Traditional Non-Land Use Non-Traditional Oscawana Lake Watershed	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,7a-d,9,10,11,12 1,4,7a-d,9,10,11,12 1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12 2,3,5,6,8a,8b 2,3,5,6,8a,8b 2,3,4,5,8a,8b,10,11,12 2,3,5,6,8b 2,3,4,5,8b,10,11,12 2,3,5,6,8b 2,3,4,5,8b,10,11,12	Phosphorus Phosphorus Pathogens Pathogens Pathogens Pathogens Pathogens and Nitrogen Pathogens and Nitrogen Pathogens and Nitrogen Phosphorus
Non-Traditional Oyster Bay Traditional Land Use Traditional Non-Land Use Non-Traditional Peconic Estuary Traditional Land Use Traditional Non-Land Use Non-Traditional Oscawana Lake Watershed Traditional Land Use	1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 1,4,7a-d,9,10,11,12 1,4,7a-d,9 1,4,7a-d,9 1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9	2,3,5,8b,10,11,12 2,3,5,8b,10,11,12 2,3,5,6,8a,8b 2,3,5,6,8a,8b 2,3,4,5,8a,8b,10,11,12 2,3,5,6,8b 2,3,5,6,8b 2,3,4,5,8b,10,11,12	Phosphorus Phosphorus Pathogens Pathogens Pathogens Pathogens Pathogens and Nitrogen Pathogens and Nitrogen Pathogens and Nitrogen

L	Non-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	Patl	nogens	
1.	Does your MS4/Coalitio	n have an educat	ion program addressing ir	npacts of		
	phosphorus/nitrogen/pa	thogens on water	bodies?	O Yes	O No	• N/A
2.	Has 100% of the MS4/C	Coalition conveya	nce system been mapped in	n GIS? ● Yes	O No	O N/A
	If N/A, go to question 3.			• Yes	∪ No	O N/A
	If No, estimate what perce	entage of the conv	eyance system has been map	oped so far.		%
	Estimate what percentage	was mapped in th	is reporting period.			0 %

5,6,8a,8b

5,6,8a,8b

Pathogens

Pathogens

1,2,3,4,7a-d,9,10,11,12

1,2,3,4,7a-d,9,10,11,12

SPDES ID		
N Y R	2 0 A	2 4 2
m (infrastruct ● Yes		
that have beeriod?		ected 2 0 %
om Constructi	on Acti	vities
isturb greater DEC SPDES (GP-0-08-001)	r than o Genera Linclud	r I
rosion or O Yes	○ No	• N/A
		0
in this report	ing per	
mpleted?		0 %
gement practi nunicipally o	ces and wned	
gement practi s and leaves f O Yes	ces and rom O No	• N/A
	n (infrastruct Yes that have beeriod? tection equivalent Construction accordistruction ng to this report of the property of t	n (infrastructure) Ins Yes No that have been inspected? tection equivalent to the construction activities to yes No onstruction stormwate isturb greater than of DEC SPDES General (GP-0-08-001), include ohorus Removal Yes No or yes No or yes No or yes No or yes No or yes No or yes No or yes No or yes No or yes No or yes No or yes No or yes No or yes No or yes No or yes No or yes No or yes No or yes No

Name of MS4/Coalition Town of Comwall	SPDES ID N Y R 2	0 A	2 4 2
9. Has your MS4/Coalition developed and implemented a program of			
	○ Yes	○ No	N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste oprohibiting goose feeding?			rties and O N/A
11. Does your MS4/Coalition have a pet waste bag program?	• Yes	O No	O N/A
12. Does your MS4/Coalition have a program to manage goose populations?	• Yes	○ No	O N/A